

Type of InspectionNew ☐Annual ☒Follow-Up ☐

(Prev. Inspection Date)

Complaint ☐Courtesy ☐Random ☐**NCDA&CS, VETERINARY DIVISION****ANIMAL WELFARE SECTION****1030 MAIL SERVICE CENTER,****RALEIGH, NC 27699-1030****PHONE: 919/715-7111, FAX: 919/733-6431**INDOOR ☐OUTDOOR ☐BOTH ☒**ANIMAL WELFARE INSPECTION**

GPS Coordinates - N:

34.89876

W:

80.71780LICENSE #: **104.37**TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐BUSINESS NAME: **Blueline Kennel**

OWNER:

ADDRESS: **4408 Bigham Rd. Waxhaw NC**TELEPHONE: **(704) 843-0944**VMO **Hunter**COUNTY **Union**

Number of Primary Enclosures

26

Animals Present:

Dogs

22

Cats

0

Inspector: Mark "X" in each box, if adequate.
Circle each item number, if inadequate.
Use NA if not applicable

STRUCTURE**Housing Facilities**

- ☒ 1. Structure & Repair
☒ 2. Ventilation & Temp.
☒ 3. Lighting
☒ 4. Ceiling, Wall, Floors
☒ 5. Storage
☒ 6. Water Drainage

Primary Enclosures

- ☒ 7. Structure & Repair
☒ 8. Space
☒ 9. Ventilation & Temp.
☒ 10. Adequate Shelter

SANITATION

- ☒ 11. Waste Disposal
☒ 12. Odor
☒ 13. Ceiling, Wall, Floors
☒ 14. Primary Enclosures
☒ 15. Equipment & Supplies
☒ 16. Washrooms, Sinks, Basins
☒ 17. Insect/Vermin Control
☒ 18. Building & Grounds

HUSBANDRY

- ☒ 19. Adequate Feed/Water
☒ 20. Food Storage
☒ 21. Personnel
☒ 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
☒ 23. Animals' Appearance

SPECIAL ITEMS**Records**

- ☒ 24. Description of Animals
☒ 25. Records/Vet Treatment
☒ 26. Origin/Disposition
☒ 27. Signature (boarding kennel)
☒ 28. Written permission from owner for commingling (doggie daycare)

Transportation

- ☒ 29. Care in Transit Discussed

Veterinary Care

- ☒ 30. Isolation Facility
☒ 31. No Signs of Illness/Treated

☒ APPROVED☐ ~~CONDITIONALLY APPROVED~~☐ DISAPPROVEDDate: **8-16-10** Time: **11:05am****E. Lem**

Inspector's Signature

John B. B.

Owner/Authorized Agent's Signature

AW-2

Rev. 1/07

White= Office

Canary= Inspector

Pink= Owner

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10437

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BUSINESS NAME: B Blueline Kennel

OWNER:

ADDRESS:

TELEPHONE: ()

(CONT)

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
<u>Last Inspection 7-14-09:</u>		
	* More gravel needed	
	* Paint/Reseal walls	
	* Replace damaged chain link	
	* Store all bedding to prevent contamination/infection.	
<u>Today Inspections:</u>		
	#1- Repair Ceiling	
	#17- All cobwebs need to be removed.	

~~APPROVED~~

~~□~~ ~~CONDITIONALLY APPROVED~~

☐ **DISAPPROVED**

Date: 8-16-10 Time: 11:05am

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